

Revision: HCFA-PM-97-3  
December 1997

ATTACHMENT 2.6-A  
Page 26a  
OMB No.: 0938-0673

State: Texas

Citation Condition or Requirement

1924 of the Act

\*15.  
13.

The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

XX the maximum standard permitted by law;

       the minimum standard permitted by law; or

\$ a standard that is an amount between the minimum and the maximum.

pen + ink change w/ Sharon Dobbs 4/21/98

STATE	<u>TX</u>	A
DATE RECD	<u>3-31-98</u>	
DATE	<u>4-23-98</u>	
DATE	<u>1-1-98</u>	
HCFA #	<u>98-02</u>	

TN No. 98-02  
Supersedes  
TN No. 01-00000000

Approval Date 4-23-98

Effective Date 1-1-98

State Texas

CITATION

CONDITION OR REQUIREMENT

Section 1924 (a) of  
the Act, as amended  
by Sec. 303 of  
P.L. 100-360

13. Protection of Income and Resources  
of a Couple for Maintenance of  
Community Spouse

The agency complies with the spousal  
impoverishment provisions as set forth  
in Section 1924 (a) of the Act.

— The agency applies the spousal  
impoverishment policies to persons  
receiving services under a Section  
1915(c) home and community based  
waiver.

— Applies to all 1915(c) home and  
community based waivers.

— Applies only to the following 1915  
(c) waivers:

JLAS	
9-28-89	
11-28-89	
9-30-89	
89-24	
new pg	

Revised Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
AN No. \_\_\_\_\_

Revision: HCFA-PM-91-4 (BPD)  
August 1991

ATTACHMENT 2.6-A  
Page 24  
OMB No.: 0938-

State: Texas

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><u>XXX</u> Aged, blind, disabled. <u>    </u> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><u>    </u> Aged, blind, disabled. <u>XXX</u> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><u>XXX</u> Aged, blind, disabled. <u>XXX</u> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><u>    </u> Aged, blind, disabled. <u>    </u> AFDC-related.</p>

STATE <u>Texas</u>	A
DATE ADDED <u>3-20-2000</u>	
DATE ADDED <u>4-26-2000</u>	
DATE OF <u>7-1-00</u>	
HCFA ID <u>00-04</u>	

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Supersedes 91-24  
Approval Date 4-26-00 Effective Date 4-1-00